

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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Fax (703)746-4000

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7590

07/01/2003

Robert M Barrett
P O Box 1135
Chicago, IL 60690-1135

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Robert J. Buccieri (Depositor's name)

(Signature)
August 29, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/646,748	12/11/2000	Julio Boza	112701 036	7778

TITLE OF INVENTION: METHOD FOR PROVIDING GLUTAMINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	10/01/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOHAMED, ABDEL A	1653	514-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Bell, Boyd &
2 Lloyd LLC
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nestec S.A.

Vevey, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature)

(Date)

August 29, 2003

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/03/2003 GWORDF2 00000148 09646748

01 FC:1501
02 FC:8001

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TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)
(37 C.F.R. 1.311)

Docket No.
112701-036

Applicant(s): **Boza et al.**

Serial No.
09/646,748

Filing Date
December 11, 2000

Examiner
A. Mohamed

Group Art Unit
1653

Confirmation No.
7778

Invention: **METHOD FOR PROVIDING GLUTAMINE**

Mail Stop Issue Fee
TO THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85

☒ Utility Fee: \$ 1300.00 ☐ Design Fee: _____ ☐ Plant Fee: _____

☐ Publication Fee: _____

☒ A check in the amount of **\$1,309.00** is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. **02-1818**
as described below.

- ☐ Charge the amount of
☒ Credit any overpayment.
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Dated: **August 29, 2003**

Signature

Robert M. Barrett (30,142)
ATTORNEYS FOR APPLICANTS
Bell, Boyd & Lloyd LLC
P.O. Box 1135
Chicago, Illinois 60690-1135

I certify that this document and fee is being deposited
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Robert J. Buccieri

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